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PATENT  
Attorney Reference Number 6122-54472

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box PATENT APPLICATION  
TO THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

24197

Transmitted herewith for filing is the patent application of:

Inventor(s): William H. Fleming, Ph.D.

For: ADMINISTRATION OF THERAPEUTIC OR DIAGNOSTIC AGENTS USING  
INTERLABIAL PAD

Enclosed are:

- ☒ 21 pages of specification, 4 pages of claims, an abstract and a Combined Declaration and Power of Attorney.
- ☒ 7 sheet(s) of informal drawings.
- ☐ An assignment of the invention to: \_\_\_\_\_, a Recordation Cover Sheet, and the Recordal fee of \$40.00.
- ☐ A certified copy of a \_\_\_\_\_ application.
- ☐ Associate Power of Attorney.
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 and copies of documents listed thereon.
- ☐ A copy of a petition for extension of time, which is a separate paper being filed in a prior application.
- ☐ Request for Non-publication and Certification under 35 U.S.C. § 122(b)(2)(B)(i).

CLAIMS AS FILED

	Claims Filed	Number Free	Number Extra	Rate	Basic Fee
For					\$355.00
Total Claims	43	20	= 23	\$9.00	\$ 207.00
Independent Claims	3	3	= 0	\$40.00	\$ 0.00
Multiple Dependent Claim Fee				\$135.00	\$0.00
TOTAL FILING FEE					\$562.00

- ☐ Applicants claim the benefit of the earlier filing date of U.S. Provisional Application No. 60/ <<prov. app no.>>. The entire disclosure of provisional application No. 60/ <<prov. app no.>> is considered to be part of the disclosure of the accompanying application and is incorporated herein by reference.

- ☒ Small entity status is claimed for this application.
- ☒ A check in the amount of \$562.00 to cover ☒ filing fee and ☐ assignment recordal fee is enclosed.
- ☐ Please charge our Deposit Account No. 02-4550 in the amount of \_\_\_\_\_. This sheet is submitted in **triplicate**.
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN CAMPBELL  
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